

# LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7200</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>DAVID</u> <u>M.</u> <u>LENNON</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2350 BROADWAY #710</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10024</u>	4. Name, file number, and address of labor organization. Name <u>ASSOC. MUSICIANS OF GRTR. NY</u> <u>LOCAL 802, AMER. FED. OF MUSICIANS</u> Labor Organization File Number <u>010990</u> P.O. Box, Building and Room Number, if any _____ Street <u>322 W. 48 ST.</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10036</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>NEW YORK PHILHARMONIC</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>AVERY FISHER HALL</u> Street <u>LINCOLN CENTER</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10023</u>	7.a. Nature of Interest, Transaction, or Income. <u>9/21/04 GMA DINNER</u> 7.b. Amount. <u>\$100.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/15/05  
Date

212-245-4802

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7200</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>DAVID</u> <u>M.</u> <u>LENNON</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2350 BROADWAY #710</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10024</u>	4. Name, file number, and address of labor organization. Name <u>ASSOC. MUSICIANS OF GRTR. NY</u> <u>LOCAL 802, AMER. FED. OF MUSICIANS</u> Labor Organization File Number <u>010790</u> P.O. Box, Building and Room Number, if any _____ Street <u>322 W. 48 ST.</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10036</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

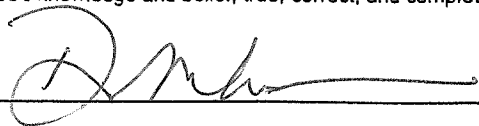
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <u>NEW YORK CITY BALLET</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>NY STATE THEATER</u> Street <u>LINCOLN CENTER</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10023</u>	7.a. Nature of Interest, Transaction, or Income. <u>5/4/04</u> <u>Gala - Dinner</u> 7.b. Amount. <u>\$150.00</u>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/05  
Date

212-245-4802

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

# LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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For Official Use Only

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1. File Number U -

7220

2. Fiscal Year Covered From:

1 / 1 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.

Name DAVID M. LENNON

P.O. Box, Bldg., Room No., if any

Street 2350 BROADWAY #710

City NEW YORK

State NY ZIP Code + 4 10024

4. Name, file number, and address of labor organization.

Name ASSOC. MUSICIANS OF GRTR NY  
LOCAL 802, AMER. FED. OF MUSICIANS  
Labor Organization File Number 010790

P.O. Box, Building and Room Number, if any

Street 322 W. 48 ST.

City NEW YORK

State NY ZIP Code + 4 10036

5. Position in labor organization.

PRESIDENT

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/15/05  
Date

212-245-4802

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BREDHOFF + KAISER, PLLC

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 805 15th ST. NW

City WASHINGTON DC

State \_\_\_\_\_ ZIP Code + 4 20005

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

BUSINESS LUNCH

11.b. Approximate dollar value of such dealing.

\$ 30.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

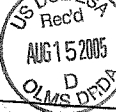
13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

ORGANIZATION OFFICER AND  
EMPLOYEE REPORTOffice of Management  
and Budget  
No. 1215-0188  
Expires 11-30-200

This report is

For Official Use Only



mandatory under F

US Department of Labor  
20210

This report may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7200</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>DAVID</u> <u>M.</u> <u>LENNON</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2350 BROADWAY #710</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10024</u>	4. Name, file number, and address of labor organization. Name <u>ASSOC. MUSICIANS OF GRTR. NY</u> <u>LOCAL 802, AMER. FED. OF MUSICIANS</u> Labor Organization File Number <u>010790</u> P.O. Box, Building and Room Number, if any _____ Street <u>322 W. 48 ST.</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10036</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On

8/15/05  
Date212-245-4802  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

PLAYBILL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 37-15 61st ST.

City WOODSIDE

State NEW YORK ZIP Code + 4 11377

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LEAGUE OF AMERICAN THEATRES PRODUCTIONS AND PRODUCERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 226 W. 47 ST.

City NEW YORK

State NEW YORK ZIP Code + 4 10036

11.a. Nature of such dealing.

1/04 SHOW TICKETS - "PRODUCERS" \$125  
4/20/04 "EASTER BONNET" EVENT TICKETS \$100  
12/7/04 "GYPSY OF THE YEAR" EVENT 1 TICKET \$100

11.b. Approximate dollar value of such dealing.

\$325.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.